

CALL # _____

INCIDENT # _____

***NARRAGANSETT POLICE DEPARTMENT
LOST OR STOLEN MOTOR VEHICLE REGISTRATION REPORT***

Date _____ Time _____ Officer _____

To report the loss / theft of one or more motor vehicle registration plates, complete the following:

Name _____ Date of Birth _____

Address _____ Soc Sec # _____

_____ Occupation _____

Phone _____ Work Phone _____

I, _____ voluntarily make the following statement to the Narragansett Police Department. I certify that the following information is true & correct to the best of my knowledge.

Plate Number _____ Issuing State _____ Plate Type _____

Expiration _____ Vehicle Year _____ Vehicle Make / Style _____

Vehicle Color _____ VIN Number _____ # of Plates Missing _____

Registered Owners Name _____
(If registered owner is company or finance corp. enter name of reporting party on above line)

Location & Date When Last Seen? _____

Have You Notified The Registry ? _____ When? _____

Have The Plate(s) Been Canceled, Replaced Or Reissued? _____

Additional Information _____

Signature _____ Officer Taking Statement _____

Officer Use:

Enter Local Files _____ Entered Ncic _____ Ncic# _____

State Control No. (SCN) _____ Stolen Veh or Plate _____ Entered by _____

